

SCREENING

STATEMENT OF PURPOSE

Student health issues that may be barriers to learning will be identified and addressed by collaboration between the school nurse, the family and the medical home.

AUTHORIZATION - LEGAL REFERENCES

- 16 V.S.A. Chapter 101 § 2942 – Special education definitions
<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=101&Section=02942>
- Vermont School Quality Standards - Section 2120.8.1.3.3
<http://education.vermont.gov/new/html/board/rules/2000.html#leadership>
- An act relating to making miscellaneous amendments to education law Sec. 31.16V.S.A.§ 1422 ,(H.427, page 41)
<http://www.leg.state.vt.us/docs/2010/bills/Passed/H-427.pdf>

DEFINITION

Screening – The examination of a group of usually asymptomatic individuals to detect those who have a probability of developing a given disease or health problem.

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Obtain knowledge of the requirements and recommendations for scheduled screening exams. Review power point presentation on Hearing and Vision screening yearly. (VDH developing will be posted on VDH school health web site this will be link).
2. Routinely screen children by grade as defined in chart (see page 3). Assist in Early Essential Education screenings as you are able. All screening should be completed by December 31.
3. Find a screening site fitting the need of the specific screening exams and large enough to provide appropriate space and privacy for the screener and students being screened.
4. Obtain and maintain appropriate hearing and vision screening equipment and calibrate yearly. (See - Equipment Calibration)
5. Perform distance and near visual acuity screening, repeating failed initial attempt if needed.

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Pass: 20/30

Refer: 20/40 or greater, either eye

6. Perform hearing screening at frequencies of 1000, 2000, and 4000, repositioning earphones if failure to hear at 20 decibels in soundproof room, or 25 decibels in non soundproof room, repeating failed initial attempt if needed.
Pass 25 decibels
Refer 30 decibels or greater either ear
7. Evaluate the results of the screening exams and send referrals, to parents of student who fail the screening, recommending further evaluation at the medical home.
 - Referral letter might include information about the Dr. Dynasaur program and provider recommendation.
 - Screening results can be sent directly to the medical provider with permission from the parent/guardian
8. Follow up with parent/guardian if the screening results form is not returned within a month. Assist with any barriers to receiving care (list of providers, phone numbers etc).
9. Report results of the screening exam to appropriate school personnel with recommendations for accommodations.
10. Notify, in writing, the parents/guardians of a student who is unable to perform the screening exams and include a recommendation for a professional examination.
11. Document all screening results in the student's permanent health record including notations of referral, referral results and/or follow -up.

Recommended Screening tools;

Vision; Snellen eye chart and near card

Hearing; Grason Stadler, GS-18 Screening Audiometer (may be able to purchase at group rate through VDH contact SchoolHealth@vdh.state.vt.us)

The **only** required, population based, school health screening is for hearing and vision. Below is a chart indicating what grades should be screened.

Vermont statute title 16, chapter 31, sec. 1422:

Periodic hearing and vision screening of school-aged children shall be conducted by school districts and primary care providers pursuant to research-based guidelines developed by the commissioner of health in consultation with the commissioner of education. School districts and primary care providers will attempt to avoid duplicating services provided by the other and will share information as practicable and allowable by law.

No other population based screenings are required nor recommended in the school setting.

| Screening | Grade | | | | | | | | | | | | |
|-----------------------|--------------------------------|----|---------------|----|---------------|----|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | RQ= required | | | | | | | | | | | | |
| | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| HEARING | RQ | RQ | Do not screen | RQ | Do not screen | RQ | Do not screen | Do not screen | Do not screen | Do not screen | Do not screen | Do not screen | Do not screen |
| Visual Acuity | RQ | RQ | Do not screen | RQ | Do not screen | RQ | Do not screen | RQ | Do not screen | RQ | Do not screen | Do not screen | RQ |
| Height | No population based screenings | | | | | | | | | | | | |
| Weight | | | | | | | | | | | | | |
| Blood Pressure | | | | | | | | | | | | | |
| Scoliosis | Do Not Screen | | | | | | | | | | | | |

Bright Futures; Guidelines for Health Supervision of Infants, Children, and Adolescents 3rd edition, American Academy of Pediatrics
http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

H.427 ;An act relating to making miscellaneous amendments to education law Sec. 31.16V.S.A. § 1422 ,(H.427, page 41)
<http://www.leg.state.vt.us/docs/2010/bills/Passed/H-427.pdf>

RESOURCES

- American Academy of Ophthalmology - <http://www.aao.org/>
- National Association of School Nurses – <http://www.nasn.org/>
- State of Vermont Division for the Blind and Visually Impaired -<http://dail.vermont.gov/>
- Vermont Association for the Blind and Visually Impaired - <http://www.vabvi.org/>
- Vermont Department of Health - Division of Health Improvement: Children with Special Health Needs – Hearing Health and Communications Program <http://healthvermont.gov/>
- Center for Disease Control and Prevention – <http://www.cdc.gov/>
- American Speech language and hearing Association - <http://www.asha.org/default.htm>
- American Academy of Pediatrics Policy Statement; Eye Examination in Infants, Children and young Adults - <http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b111/4/902>

Equipment Calibration:

Technical Services Program
University of Vermont
280 East Ave
Burlington, VT 05401
Ph: 802-656-3255 ext. 0078
Fax: 802-656-8561
timothy.agan@its.uvm.edu

SAMPLE FORMS

- **Mass Hearing Screening**
- **Mass Vision screening**
- **Sample Referral Letter**

Mass screening – Hearing

CLASS: _____

| STUDENT NAME | RIGHT | | | | LEFT | | | | COMMENTS |
|--------------|-------|------|------|--|------|------|------|--|----------|
| | 1000 | 2000 | 4000 | | 1000 | 2000 | 4000 | | |
| 1 | | | | | | | | | |
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| 4 | | | | | | | | | |
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Mass screening – Vision

CLASS: _____

| STUDENT NAME | Far | | Near | | COMMENTS |
|--------------|-------|------|-------|------|----------|
| | Right | Left | Right | Left | |
| 1 | | | | | |
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| 3 | | | | | |
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School Health Services - Health Screening Sample Referral Letter

Date: _____

Student Name: _____

Date of Birth: _____

Dear Parent/Guardian,

As part of the health services program at _____ Elementary, basic vision and hearing screening exams are done to detect problems that might interfere with your child's school performance. These basic screening exams are not a substitute for a regular annual physical exam by your child's health care provider..

The recent health screening on your child indicates that a possible vision or hearing problem exists. Further evaluation should be done by your doctor to determine if there is a problem that needs treatment. Please report these findings to your child's health care provider and share any actions or recommendations with me.

Visual Acuity Results: _____

Hearing Results: _____

If finances are a problem, the State Child Health Insurance Program, Doctor Dynasaur may be able to assist in providing health care for your child (1-800-244-2035 see enclosed brochure).

Thank you for your attention to this matter. Please feel free to call me at school (phone number) if you have any questions.

Sincerely,

School Nurse

*Please sign and return to me indicating permission to share results with your child's medical provider.

I give permission for release of information to my child's physician and would like a copy of these results sent to them.

Parent/guardian signature

date

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